



Marketplace Choice

from Coventry Health Care

A part of the Iowa Health and Wellness Plan

NO COST WITH COVENTRY

Your Marketplace Choice plan through Coventry will pay 100% of your covered health care services. Learn more about us at www.chciowa.com.

DOCTORS YOU TRUST

You can see the doctors you trust with our statewide provider network. You do not need a referral to see a specialist.

Go to www.chciowa.com to find a doctor or a hospital. You can choose from over 7,400 primary care locations, 12,700 specialist locations and 262 hospitals.

CARE WHEN YOU NEED IT

Your benefits include:

- Doctor visits
- Pregnancy care and care after your baby is born
- Prescription drugs
- Emergency room visits
- Hospital care
- Mental health and substance use disorder services
- Lab tests
- Preventive services including:
 - Immunizations
 - Well woman exams
 - Annual physicals
 - Disease prevention screenings
 - Routine blood and urine screenings
 - STD and HIV screenings



Call 1-800-338-8366 to enroll. Just ask for Coventry!

Llame a 1-800-338-8366 para inscribirse. Solo pregunta por Coventry!

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PROGRAMS TO HELP YOU STAY HEALTHY

Helping you maintain your health is important at Coventry Health Care. That's why we offer Coventry Complete Care health management programs:

- Discounts on these services
 - Health clubs
 - Massage therapy
 - Day spa
 - Skin care
 - Acupuncture
 - LASIK eye surgery
 - Hearing aids
 - Health and safety products
 - Eye exams, eyewear and contact lenses
- Extra help from a Coventry nurse if you have a serious condition
- Help with Diabetes
 - Free LifeScan OneTouch blood glucose meters
 - Diabetic education classes
 - Yearly dilated retinal eye exam screening for diabetic retinopathy
- Coventry WellBeingSM Program
 - Health evaluation to help you understand your personal health
 - Help with making healthy eating choices
 - Help with setting and reaching exercise goals
 - Help with keeping your kids healthy

ONLINE TOOLS FOR EASY ACCESS

You can get information about your benefits and health care information by phone, website or mobile phone app:

- Find a doctor online
- Coventry[®] Mobile App
 - ID card
 - Doctor and pharmacy search
 - Benefit information
 - Allergy and immunization details
 - Surgery and procedure history
 - Check symptoms and learn about common health conditions
 - Current medications, possible drug interactions, lower-cost alternatives for maintenance medications

CUSTOMER SERVICE

If you have questions, our Customer Service is available Monday through Friday, 8:00 a.m. - 6:00 p.m. CST at 1-866-364-5663 (TTY: 711 or TDD: 1-800-877-8973)



Su plan a través de Coventry pagará el 100% de sus servicios médicos cubiertos. Aprender más sobre nosotros en www.chciowa.com.

Usted puede ver a los médicos de su confianza con nuestro grupo de proveedores en todo el estado. Usted no necesita una referencia para ver a un especialista.

Sus beneficios incluyen: Visitas al médico, atención del embarazo y la atención después de que nazca su bebé, prescripciones, visitas a urgencias, hospitalización y más.

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Your Coventry Plan

Silver POS Iowa Health and Wellness Plan (Medicaid Eligible)

Benefits	Member pays	
	In-network	Out-of-network
Annual Deductible	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0
Coinsurance	0%	0%
Out-of-Pocket Maximum	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0

AMBULATORY SERVICES

Office Visit

Primary Care Physician	\$0	\$0* + Amount above out-of-network rate
Specialist	\$0	\$0* + Amount above out-of-network rate

Surgery

Primary Care Physician's Office	\$0	\$0* + Amount above out-of-network rate
Specialist's Office	\$0	\$0* + Amount above out-of-network rate
Free-Standing Facility	\$0	\$0* + Amount above out-of-network rate
Outpatient	\$0	\$0* + Amount above out-of-network rate

Outpatient Facility and Physician Services

\$0 \$0* + Amount above out-of-network rate

Home Health Care

\$0 \$0* + Amount above out-of-network rate

Hospice (Respite Care 15 days inpatient and 15 days outpatient per lifetime)

\$0 \$0* + Amount above out-of-network rate

Diabetes Education Services (Outpatient self-management training 10 sessions within a 12-month period and 2 sessions annually thereafter)

\$0 \$0* + Amount above out-of-network rate

EMERGENCY CARE

Convenience Care	\$0	\$0* + Amount above out-of-network rate
Urgent Care Facility	\$0	\$0* + Amount above out-of-network rate
Emergency Room Care	\$0	\$0
Emergency Advanced Imaging / High Tech Radiology	\$0	\$0
Emergency Transportation / Ambulance	\$0	\$0

HOSPITALIZATION

Inpatient Facility Services	\$0	\$0* + Amount above out-of-network rate
Inpatient Physician and Surgical Services	\$0	\$0* + Amount above out-of-network rate
Skilled Nursing Facility 90 days/year	\$0	\$0* + Amount above out-of-network rate

MATERNITY AND NEWBORN CARE

Prenatal Office Visit	\$0	\$0* + Amount above out-of-network rate
Physician Charges, Prenatal, Postnatal, Ultrasound, Delivery	\$0	\$0* + Amount above out-of-network rate
Outpatient Ultrasound	\$0	\$0* + Amount above out-of-network rate
All Inpatient Services / Facility Charges	\$0	\$0* + Amount above out-of-network rate

*When getting care out-of-network

The billed charges may be more than the allowable out-of-network rate. Coventry's payment is limited to the out-of-network rate. You are responsible for the amount of the bill above the out-of-network rate.

Your Coventry Plan *(continued)*

Silver POS Iowa Health and Wellness Plan (Medicaid Eligible)

Benefits

Member pays

In-network

Out-of-network

MENTAL HEALTH / SUBSTANCE ABUSE DISORDER SERVICES INCLUDING BEHAVIORAL HEALTH MANAGEMENT

MHNet network must be used for In-network benefits

Office	\$0	\$0* + Amount above out-of-network rate
Outpatient / Partial Hospitalization	\$0	\$0* + Amount above out-of-network rate
Inpatient	\$0	\$0* + Amount above out-of-network rate

REHABILITATIVE AND HABILITATIVE SERVICES AND DEVICES

Outpatient Rehabilitation and Habilitation Services

Physical, Speech and Occupational Therapy	\$0	\$0* + Amount above out-of-network rate
Cardiac and Pulmonary Therapy	\$0	\$0* + Amount above out-of-network rate
Spinal and Manipulative Therapy	\$0	\$0* + Amount above out-of-network rate
Durable Medical Equipment	\$0	\$0* + Amount above out-of-network rate
Prosthetic Devices	\$0	\$0* + Amount above out-of-network rate

LAB SERVICES

Lab / Radiology	\$0	\$0* + Amount above out-of-network rate
Diagnostic Mammogram	\$0	\$0* + Amount above out-of-network rate
Advanced Imaging / High Tech Radiology	\$0	\$0* + Amount above out-of-network rate

PREVENTION / WELLNESS

Preventive Care / Screening / Immunization	\$0	\$0* + Amount above out-of-network rate
Preventive / Screening Mammogram	\$0	\$0* + Amount above out-of-network rate

PRESCRIPTION DRUGS

Pharmacy	Preferred Pharmacy	Non-Preferred Pharmacy	Mail Order
Tier 1A - Lower Cost Preferred Generic Drugs	\$0	\$0	\$0
Tier 1 - Preferred Generic Drugs	\$0	\$0	\$0
Tier 2 - Preferred Brand Drugs	\$0	\$0	\$0
Tier 3 - Non-Preferred Brand / Generic Drugs	\$0	\$0	\$0
Tier 4 - Preferred Specialty Drugs	\$0	no coverage	no coverage
Tier 5 - Non-Preferred Specialty Drugs	\$0	no coverage	no coverage
Oral Chemotherapy Drugs with IV Equivalents	\$0	no coverage	no coverage
Out-of-Network coverage: \$0	\$0	no coverage	no coverage

Visit www.chciowa.com. Choose "Members" and then click "Learn more today!" From the members screen, click the "Other Important Information" link, located on the left, to learn more about the following: submitting a claim form for covered services, finding a network health care professional and information about him or her, benefits restrictions and obtaining care when outside the system or service area, obtaining care after normal office hours or emergency care, receiving primary care, including points of access and pharmacy procedures, reviewing the prescription drug formulary, filing a complaint or appeal including your right to an independent review of an appeal, information about our chronic disease and case management programs.